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"FEE ADDRESS" INDICATION FORM

Address to:
Mall Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: **25096**

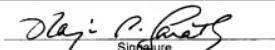
OR

The attached Request for Customer Number (PTO/SB/125) form.

| PATENT NUMBER (if known) | APPLICATION NUMBER |
|-----------------------------|-----------------------------------|
| 6,943,607 | 10/672,406 Confirmation # 9139 |

Completed by (check one):

Applicant/Inventor



Signature

Attorney or Agent of record **55,592**
(Reg. No.)

Rajiv P. Sarathy

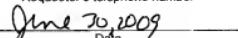
Typed or printed name

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.

(206) 359-8000

Requester's telephone number

Assignee recorded at Reel _____ Frame _____



Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of **1** forms are submitted.